

SUBJECT: Therapeutic optometrists' participation in a managed care plan

COMMITTEE: Public Health — favorable, without amendment

VOTE: 9 ayes — Capelo, Laubenberg, Coleman, Dawson, McReynolds, Naishtat, Taylor, Truitt, Zedler

0 nays

WITNESSES: For — Leah Rummel, Texas Association of Health Plans; Laurie Sorrenson, Texas Optometric Association

Against — None

On — Chris Kloeris, Texas Optometry Board

BACKGROUND: Art. 21.52D of the Insurance Code regulates the use of optometrists and ophthalmologists under a managed care plan. An insurer that offers vision care may not discriminate against a provider because the provider is an optometrist, therapeutic optometrist, or ophthalmologist and may not restrict a patient from obtaining covered vision care services from a participating optometrist based on the provider's title.

Licensed by the Texas Optometry Board, an optometrist is trained to diagnose signs of ocular, neurological, and systemic health problems and treat vision disorders. A therapeutic optometrist may treat eye diseases and injuries, prescribe medicine, and perform other procedures such as eye foreign body removal. Both an optometrist and therapeutic optometrist may prescribe glasses and contact lenses. Since 1994, all optometrists are therapeutic optometrists when they graduate and become licensed. Optometrists who were in practice before 1994 can attend classes and obtain a therapeutic optometrist license.

Ophthalmologists are physicians licensed by the Texas State Board of Medical Examiners. They can prescribe glasses, contact lenses, and medicine and perform major eye surgery such as cataract surgery and laser vision correction surgery.

Opticians are eyewear providers who are trained to select, manufacture, and dispense glasses and sell or deliver contact lenses upon a prescription written by an optometrist or ophthalmologist. An optician is not licensed, but may voluntarily register through the Texas Department of Health's Optician Registry.

Managed care plans often have two panels of health care providers for eye care. The medical panel is composed of health care providers that treat medical conditions, and the vision panel is composed of health care providers that offer basic vision care. Plans have two panels because vision care may be carved out of some plans but not others. Enrollees of plans that offer medical coverage alone only would access the medical panel, while enrollees of plans that offer both medical and vision coverage would access both panels.

DIGEST:

HB 1794 would define, for purposes of managed care plans, "medical panel" as the participating health care providers who care for a patient seeking medical treatment and "vision panel" as the participating optometrists, therapeutic optometrists, and ophthalmologists who offer routine eye examinations.

The bill would require a plan to permit a therapeutic optometrist who is on the plan's vision panel also to treat medical eye conditions that are within the provider's scope of practice. A therapeutic optometrist who would treat medical conditions also would be required to abide by the plan's terms and conditions, meet credentialing requirements, provide proof of license to practice therapeutic optometry, and comply with the Controlled Substances Registration Program at the Department of Health. Plans could charge participating therapeutic optometrists costs associated with credentialing and a one-time administrative fee of up to \$200.

The bill would take effect September 1, 2003. It would apply to contracts between optometrists and managed care plans entered or renewed on or after the effective date of the bill and managed care plans issued or renewed on or after January 1, 2004.

**SUPPORTERS
SAY:**

HB 1794 would simplify vision care for people enrolled in a managed care plan. Under current law, if a patient sees a therapeutic optometrist for regular vision care and the optometrist discovers the patient has a medical condition, such as pink eye, the patient must seek treatment from a provider on the medical panel, usually the patient's primary care physician. This is confusing and frustrating to the patient, who must make a separate appointment with a new eye doctor, pay a second co-payment, and often cannot receive the prescription for contact lenses that might have prompted the original visit.

Therapeutic optometrists have four-year graduate degrees that include study of anatomy, physiology, pathology, immunology, and specific course work in ocular assessment, diagnosis, and treatment. To obtain a license to practice, optometrists also must pass national and state board examinations, then complete continuing education requirements every year. Therapeutic optometrists are well qualified to treat medical conditions within their scope of practice. The State Board of Optometry only implements the scope of practice authorized by the Legislature. This bill would not give the Board additional powers or permit them to expand the scope of practice in the future without legislative oversight.

Not only would this bill save patients time and hassle, it would save managed care plans the expense of another office visit. If the patient saw a new doctor on the medical panel, not only would the plan pay for a second visit, but also would pay a costlier, new patient rate that a physician's office would bill for a new patient. Also, an office visit with a therapeutic optometrist might be less expensive than one with an ophthalmologist, who is a specialist.

This bill would ensure that managed care plans would not incur additional cost in adding participating therapeutic optometrists to the medical panel. The plan could charge up to \$200 for administrative costs, and the credentialing costs would be borne by the optometrist. Because not all new optometrists had a medical background until 1994, health plans had not included them in the medical panel. The plans have been reluctant to add them because their panels were adequately staffed and there would be some administrative cost involved in adding them. This bill would remove that barrier for health plans by permitting them to pass the administrative cost to the therapeutic optometrists.

Most patients do not understand the difference between the medical and vision panels participating in their managed care plans, so the changes this bill would implement would be seamless to the patient. Confusion comes when a patient's optometrist explains that the needed treatment is within his or her scope of practice and could be administered immediately, but that the patient's the managed care company would not pay for it. The infrastructure changes within managed care companies needed to implement this bill would be meaningless to most patients.

**OPPONENTS
SAY:**

This bill would grant statutory authority for the Texas State Board of Optometry to decide what medical care optometrists may offer in the future. Because the bill would provide new definitions for medical and vision panels, it would tie medical care to the optometrist's scope of practice, which is set by the Board of Optometry. If optometrists wanted to offer more extensive medical care in the future, they would be able to change their scope of practice and offer those services to managed care recipients.

Managed care recipients should not be confused by the qualifications of their health care providers. Adding optometrists from the vision panel to the medical panel would blur the line between basic vision care and qualified medical care. Patients should not be misled into thinking that optometrists have the same qualifications, education, and experience as the other physicians on the medical panel.

NOTES:

HB 1794 is identical to SB 857 by Madla, which the Senate passed on the Local and Uncontested Calendar on April 10 and was referred to the House Public Health Committee on April 14.